

A response to “Suicidal poisoning in Southern India: Gender differences” [15(1) (2008) 7–14]

Dear Editor,

We read the article authored by Kanchan and Menezes “Suicidal poisoning in Southern India: Gender differences”.

The authors¹ have clearly mentioned that, out of 137 suicidal poisoning deaths over a period of five years (101 were male victims and 36 female victims). Further out of 101 male victims (87 were belonging to Hindu community, 12 Christians and 2 Muslims), but without focusing anywhere in the article on the occupational background of the male victims, the authors go on in a presumption that “the Hindu and Christian community males were predominantly engaged in agriculture related occupations”, which is really hard to accept by the medical fraternity at this juncture for interpretation, of the said increase in male mortality due to poisoning related deaths and thus suggest any preventive measures to cut down the rise.

The authors¹ further state that out of 36 female victims of different age groups, the death due to poisoning was relatively more common in the second and third decade, which made the authors presume that the *peak mortality at this age is due to extra stress during and following marriage, when she tries to adjust in her “in-laws place”*. This above statement made by the authors would be more scientifically appropriate if the data regarding the marital status of the 36 female victims had been retrieved by the history from the relatives.

Nevertheless, the authors¹ have highlighted probable preventive measures like implementation and enforcement of strict laws, stress management to handle the modern life style, etc., which may probably not be a preventive measures for a poor farmer if at all authors are focusing to prevent suicidal poisoning in farming community.

Major occupation of the people in India, being agriculture it is argued that rural indebtedness was responsible for the high rate of suicides. The availability of institutional finances could reduce the number of suicides because a farmer in the clutches of an unscrupulous money lender is left with little choice but to end his life since he cannot pay exorbitant interest rates. Secondly, crop failure, un-remunerative prices, relief for natural calamities, lavish weddings by committing loans, sickness etc, are sometimes stated to be the cause for suicides.

India is now using telepsychological treatment using video- conferencing to avert farmer suicides,² which could

certainly be the first step in treating minor problems and identifying those that need face to face counseling. Mobile vans fitted with video-conferencing systems could move in areas and among groups with the highest incidence of suicide cases. Nevertheless, the root cause of psychological disorders among specific groups must be diagnosed and treated by qualified psychiatrists.²

References

1. Kanchan T, Menezes RG. Suicidal poisoning in Southern India: gender differences. *J Forensic Legal Med* 2008;**15**:7–14.
2. A networking approach to avert farmer suicides. <http://www.thehindu-businessline.com>. accessed 11.03.08.

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